

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		3				
5	1					
6		1				
7	1					
8	1					
9		1				
10		1				
11	1					
12		1				
13		1				
14		2				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21	1					
22		1				
23		1				
24		2				
25	1		1			
26	1		1			
27		2		1		
28	1		1			
29	1		1			
30		4				
31		0				
32		2				
33		1				
34	1					
35		①				
36	1					
37		①				
38				4		
39				2		
40				2		
41				2		
42				2		
43				2		
44				2		
45				2		
46				2		
47				2		
48						
49						
50						
TOTAL IND.	14	↓	4	↓		↓
TOTAL DEP.	32	←	23	←		←
TOTAL CLAIMS	46		27			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS